

Application Data Sheet

Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission:: None

Computer Readable Form (CRF)?::

Number of Copies of CRF::

Title:: IMMUNIZING COMPOSITIONS AND METHODS
OF USE

Attorney Docket Number:: 293.00020101

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure::

Total Drawing Sheets:: 10

Small Entity?: No

Latin Name::

Variety Denomination Name::

Petition Included?: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United States of America
Status:: Full Capacity
Given Name:: Daryll
Middle Name:: A
Family Name:: Emery
Name Suffix::
City of Residence:: New London
State or Province of Residence:: MN
Country of Residence:: US
Street of Mailing Address:: 8990 Riverwood Circle
City of Mailing Address:: New London
State or Province of Mailing Address:: MN
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 56273

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United States of America
Status:: Full Capacity
Given Name:: Darren
Middle Name:: E
Family Name:: Straub
Name Suffix::
City of Residence:: New London
State or Province of Residence:: MN
Country of Residence:: US
Street of Mailing Address:: 16189 Gulfview Road
City of Mailing Address:: New London
State or Province of Mailing Address:: MN

Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 56273

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United States of America
Status:: Full Capacity
Given Name:: Donavan
Middle Name:: E
Family Name:: Zammert
Name Suffix::
City of Residence:: Willmar
State or Province of Residence:: MN
Country of Residence:: US
Street of Mailing Address:: 819 Seolena Avenue
City of Mailing Address:: Willmar
State or Province of Mailing Address:: MN
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 56201

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United States of America
Status:: Full Capacity
Given Name:: Gayla
Middle Name:: K
Family Name:: Kallevig
Name Suffix::
City of Residence:: Willmar
State or Province of Residence:: MN
Country of Residence:: US
Street of Mailing Address:: 3109 Eagle Ridge Drive East

City of Mailing Address:: Willmar
State or Province of Mailing Address:: MN
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 56201

Correspondence Information

Correspondence Customer Number:: 26813

Name Line One:: David L. Provence
Street of Mailing Address::
City of Mailing Address::
State or Province of Mailing Address::
Country of Mailing Address::
Postal or Zip Code of Mailing Address::

Phone Number:: (612) 305-1220
Fax Number:: (612) 305-1228
E-Mail Address::

Representative Information

Representative Customer Number::	26813	
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/259,504	3 January 2001
This Application	Non-Provisional of	60/262,896	19 January 2001